

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SHORE PAC

ADDRESS (number and street) ▼

PO Box 3157

☐ Check if different than previously reported. (ACC)

Long Branch

NJ

07740

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00410308

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input checked="" type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
- POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Warren B Goode

Signature of Treasurer

Warren B Goode

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SHORE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
11		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">53704.55</td></tr></table>	53704.55				
Y	Y	Y	Y	Y													
2015																	
53704.55																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">81195.04</td></tr></table>	81195.04															
81195.04																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">39888.00</td></tr></table>	39888.00					<table><tr><td colspan="5">260390.00</td></tr></table>	260390.00									
39888.00																	
260390.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">121083.04</td></tr></table>	121083.04					<table><tr><td colspan="5">314094.55</td></tr></table>	314094.55									
121083.04																	
314094.55																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">36807.15</td></tr></table>	36807.15					<table><tr><td colspan="5">229818.66</td></tr></table>	229818.66									
36807.15																	
229818.66																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">84275.89</td></tr></table>	84275.89					<table><tr><td colspan="5">84275.89</td></tr></table>	84275.89									
84275.89																	
84275.89																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SHORE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
11		30		2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

5888.00

28188.00

(ii) Unitemized

0.00

202.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

5888.00

28390.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

34000.00

232000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

39888.00

260390.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

39888.00

260390.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

39888.00

260390.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	11107.15	70618.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11107.15	70618.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	158000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1200.00	1200.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36807.15	229818.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36807.15	229818.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	39888.00	260390.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39888.00	260390.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	11107.15	70618.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	11107.15	70618.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Vernon W. Hill

Mailing Address 262 East Main Street

City

Moorestown

State

NJ

Zip Code

08057-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hill-Townsend Capital

Occupation

Co-Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2388.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	1		2	0	1	5		

Transaction ID : 11ai-000038545

Amount of Each Receipt this Period

2388.00

In-Kind: Event Expenses

Full Name (Last, First, Middle Initial)

B. Lyle B. Dennis

Mailing Address 11515 Noah's Landing Court

City

Manassas

State

VA

Zip Code

20112-3580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cavarocchi Ruscio Dennis Associates

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	2		2	0	1	5		

Transaction ID : 11ai-000038543

Amount of Each Receipt this Period

1000.00

Earmarked Contribution Through ActBlue

Full Name (Last, First, Middle Initial)

C. Matthew Lawrence Berzok

Mailing Address 4824 Earlston Drive

City

Bethesda

State

MD

Zip Code

20816-1771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryan MacKinoon Vasapoli & Berzok LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	2		2	0	1	5		

Transaction ID : 11ai-000038544

Amount of Each Receipt this Period

1000.00

Earmarked Contribution Through ActBlue

SUBTOTAL of Receipts This Page (optional)..... ►

4388.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Lawrence O'Brien

Mailing Address 3410 Que Street

City
WashingtonState Zip Code
DC 20007FEC ID number of contributing
federal political committee.

C

Name of Employer
The OB-C Group LLCOccupation
Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	1	5

Transaction ID : 11ai-000038528

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

5888.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Johnson & Johnson PAC

Mailing Address One Johnson & Johnson Plaza

City

New Brunswick

State

NJ

Zip Code

08933-0001

FEC ID number of contributing
federal political committee.

C

C00010983

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : 11c-000038443

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MacAndrews & Forbes Incorporated PAC (MAFPAC)Mailing Address 900 7th Street NW
Suite 570

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00432856

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : 11c-000038444

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. American Dental Association PAC

Mailing Address 1111 14th Street NW 1100

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	12	/	2015

Transaction ID : 11c-000038441

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 22

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. American Society of Anesthesiologists PAC

Mailing Address 1061 American Lane

City State Zip Code
 Schaumburg IL 60173

FEC ID number of contributing
federal political committee.

C C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2015

Transaction ID : 11c-000038442

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MEDNAX Inc Federal PAC

Mailing Address 1301 Concord Terrace

City State Zip Code
 Sunrise FL 33323

FEC ID number of contributing
federal political committee.

C C00469205

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2015

Transaction ID : 11c-000038445

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address PO Box 382110

City State Zip Code
 Cambridge MA 02238

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 11c-000038542

Amount of Each Receipt this Period

2000.00

[MEMO ITEM]

Conduit Contributions Through ActBlue

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 22

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Sprint Corporation PAC

Mailing Address 12502 Sunrise Valley Drive

City	State	Zip Code
Reston	VA	20196

FEC ID number of contributing
federal political committee.**C** C00089342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : 11c-000038533

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Wine & Spirits Wholesalers of America PACMailing Address 805 Fifteenth Street NW
Suite 430

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing
federal political committee.**C** C00147173

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : 11c-000038535

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Time Warner Cable Federal PAC

Mailing Address 901 F Street NW Suite 800

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.**C** C00431551

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2015

Transaction ID : 11c-000038534

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

6500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 22

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians PAC (FamMedPAC)

Mailing Address 1133 Connecticut Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00411553

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / **30** / **2015**

Transaction ID : 11c-000038529

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. American College of Cardiology PAC

Mailing Address 2400 N Street NW

City State Zip Code
Washington DC 20037-1153

FEC ID number of contributing
federal political committee.

C C00375360

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / **30** / **2015**

Transaction ID : 11c-000038530

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. National Association of Chain Drug Stores PAC (NACDS PAC)

Mailing Address 1776 Wilson Boulevard

City State Zip Code
Arlington VA 22209

FEC ID number of contributing
federal political committee.

C C00022368

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / **30** / **2015**

Transaction ID : 11c-000038531

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 22

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. National Emergency Medicine PAC (NEMPAC)

Mailing Address 2121 K Street NW

Suite #325

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C

C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : 11c-000038532

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

34000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 22

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Vernon W Hill

Mailing Address 262 East Main Street

City Moorestown State NJ Zip Code 08057

Purpose of Disbursement
In-Kind: Event Expenses

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Annual

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2015
Transaction ID : 21b-00-04847-04847

Amount of Each Disbursement this Period

2388.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
See Memo Items

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Annual

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : 21b-02-01125-0000

Amount of Each Disbursement this Period

6422.39

Full Name (Last, First, Middle Initial)

C. American Express Car Rental Loss & Damage Insurance

Mailing Address 2965 West Corporate Lakes Boulevar

City Weston State FL Zip Code 33331

Purpose of Disbursement
Credit - Overcharge - Travel Expense

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Annual

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : 21b-02-01125-01351

Amount of Each Disbursement this Period

-19.95

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8810.39

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 22

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Fornelletto Restaurant

Mailing Address 1 Borgata Way

City Atlantic City State NJ Zip Code 08401

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
State: District: Annual

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : 21b-02-01125-01340

Amount of Each Disbursement this Period

4503.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Wawa

Mailing Address 800 North Black Horse Pike

City Blackwood State NJ Zip Code 08012

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
State: District: Annual

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : 21b-02-01125-01341

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Budget Car Rental

Mailing Address 6 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
State: District: Annual

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : 21b-02-01125-01342

Amount of Each Disbursement this Period

115.68

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. American Express Car Rental Loss & Damage Insurance

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2015

Mailing Address 2965 West Corporate Lakes Boulevar

Transaction ID : 21b-02-01125-01343

City Weston	State FL	Zip Code 33331
----------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel Expense

19.95

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Annual

Full Name (Last, First, Middle Initial)

B. Galloway National Golf Club

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2015

Mailing Address 270 South New York Road

Transaction ID : 21b-02-01125-01344

City Galloway	State NJ	Zip Code 08205
------------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
Food & Beverage

323.47

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Annual

Full Name (Last, First, Middle Initial)

C. The Borgata

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2015

Mailing Address One Borgata Way

Transaction ID : 21b-02-01125-01345

City Atlantic City	State NJ	Zip Code 08401
-----------------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel Expense

5.00

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Annual

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 22

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Fornelletto Restaurant

Mailing Address 1 Borgata Way

City Atlantic City State NJ Zip Code 08401

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : 21b-02-01125-01346

Amount of Each Disbursement this Period

162.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. The Borgata

Mailing Address One Borgata Way

City Atlantic City State NJ Zip Code 08401

Purpose of Disbursement
Credit - Overcharge - Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : 21b-02-01125-01347

Amount of Each Disbursement this Period

-17.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Budget Car Rental

Mailing Address 6 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement
Credit - Overcharge - Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : 21b-02-01125-01348

Amount of Each Disbursement this Period

-105.68

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 7700 Wisconsin Avenue

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
Credit - Overcharge - Travel Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Transaction ID : 21b-02-01125-01350

Amount of Each Disbursement this Period

-59.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Cava Restaurant

Mailing Address 527 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Transaction ID : 21b-02-01125-01336

Amount of Each Disbursement this Period

239.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Safeway Store

Mailing Address 4203 Davenport Street NW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Transaction ID : 21b-02-01125-01337

Amount of Each Disbursement this Period

244.09

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SHORE PAC

A. BLT Steak House

M / D / Y

11 19 2015

Category/
Type

750.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:		Annual

B. Galloway National Golf Club

M M / D D / Y Y Y Y
11 19 2015

Category/
Type

295.53

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:		Annual

C. United Airlines

Category/
Type

-59.00

Office Sought:	<input type="checkbox"/> House	Disbursement For: 2015	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input checked="" type="checkbox"/> Other (specify) ▼	
	<input type="checkbox"/> President			
State:	District:			Annual

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SHORE PAC

A. ActBlue Technical Services

Mailing Address 14 Arrow Street

City	State	Zip Code
Cambridge	MA	02138

Purpose of Disbursement	Service Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼

Annual

Date of Disbursement

Transaction ID : 21b-02-01135-01361

Amount of Each Disbursement this Period

79.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

79.00

11107.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. DCCC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address 430 South Capitol Street SE

City	State	Zip Code
Washington	DC	20003

Transaction ID : 23-02-01129-01355Purpose of Disbursement
Contribution - Recount Fund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

22500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

State: District:

Full Name (Last, First, Middle Initial)

B. Friends of Corrine Brown

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Mailing Address PO Box 40087

City	State	Zip Code
Jacksonville	FL	32203

Transaction ID : 23-02-01124-01326Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Corrine Brown

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 05

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24500.00
24500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Friends of John Carney

Mailing Address 19 East Commons Boulevard

City	State	Zip Code
New Castle	DE	19720

Purpose of Disbursement
Contribution - Non-Federal

Candidate Name

Friends of John Carney

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Transaction ID : 29-02-01123-01325

Amount of Each Disbursement this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

1200.00
